

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SEARCH NO. 097869333	FILING DATE		
						APPLICANT(S)			
<i>670-0 CLAIMS</i>									
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1	1	1	1	1	51			
2	1	1	1	1	1	52			
3	2	1	1	1	1	53			
4	2	1	1	1	1	54			
5	2	1	1	1	1	55			
6	2	1	1	1	1	56			
7	1	1	1	1	1	57			
8	1	1	1	1	1	58			
9	2	1	1	1	1	59			
10					1	60			
11					1	61			
12					1	62			
13					1	63			
14					1	64			
15					1	65			
16					1	66			
17					1	67			
18					1	68			
19					1	69			
20					1	70			
21					1	71			
22					1	72			
23					1	73			
24					1	74			
25					1	75			
26					1	76			
27					1	77			
28					1	78			
29					1	79			
30					1	80			
31					1	81			
32					1	82			
33					1	83			
34					1	84			
35					1	85			
36					1	86			
37					1	87			
38					1	88			
39					1	89			
40					1	90			
41					1	91			
42					1	92			
43					1	93			
44					1	94			
45					1	95			
46					1	96			
47					1	97			
48					1	98			
49					1	99			
50					1	100			
TOTAL IND.	2	1	2	1	4	TOTAL IND.			
TOTAL DEP.	12	7	12	7	19	TOTAL DEP.			
TOTAL CLAIMS	14	9	14	9	13	TOTAL CLAIMS			

BEST AVAILABLE COPY